Filing Fee: \$20.00

ID Number: <u>74400</u>



Form No. 642 By Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

cha	inge of its resident agent and the address of its resident agent in the state of Rhode Island as follows:
1.	The name of the limited liability company is: ATP Manufacturing, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: 154 Miller Avenue, Providence, RT 03905
3.	The NEW address of the resident agent is: 761 Great Rol., North Smithfield RT 03896
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: Kas R. DeCarvalho, Esq.
5.	The name of the NEW resident agent is:
3.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	e: 7/20/07 ATP Manufacturing LLC Print Name of Limited Liability Company
	FILED Signature of Authorized Person